

AO 440 (Rev. 8/01) Summons in a Civil Action

RETURN OF SERVICE		
Service of the Summons and complaint was made by me <sup>(1)</sup>	DATE April 12, 2006	
NAME OF SERVER (PRINT) Vivian A. Houghton, Esquire	TITLE Attorney for Plaintiffs	
Check one box below to indicate appropriate method of service		
<input type="checkbox"/> Served personally upon the defendant. Place where served: _____		
<input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were left: _____		
<input type="checkbox"/> Returned unexecuted: _____		
<input checked="" type="checkbox"/> Other (specify): <u>United States Postal Service via First Class Certified Return Receipt</u>		
STATEMENT OF SERVICE FEES		
TRAVEL	SERVICES	TOTAL \$ 4.64
DECLARATION OF SERVER		
<p>I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.</p> <p>Executed on <u>4-19-06</u> <u>Vivian A. Houghton</u> Date Signature of Server</p> <p><u>800 West St.</u> Address of Server <u>Wilmington, DE 19801</u> <u>302-658-0518</u></p>		
<p><b>SENDER: COMPLETE THIS SECTION</b></p> <ul style="list-style-type: none"> <li>■ Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to: <b>Alberto R. Gonzales</b> U. S. Attorney General 950 Pennsylvania Ave. N. W. Washington, D.C. 20530- 0001</p> <p>2. Article Number (Transfer from service label) <b>7002 2030 0000 0683 8425</b></p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail   <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered   <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail   <input type="checkbox"/> C.O.D.         </p> <p>4. Restricted Delivery? (Extra Fee)   <input type="checkbox"/> Yes</p> <p>Domestic Return Receipt   102595-02-M-1540</p> <p>PS Form 3811, February 2004</p>		
<p><b>COMPLETE THIS SECTION ON DELIVERY</b></p> <p>A. Signature <b>Vivian A. Houghton</b></p> <p>B. Received by (Printed Name) <b>APR 12 2006</b></p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>		